		CLAIMS	AS FILED (Colur	- PART ma 1)	(Ċolun	nn 2)	SMAL TYPE	LEN		OR	OTHER SMALL	ENTITY
TO	TAL CLAIMS		15				RAT	Ε	FEE]	RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			15	15 minus 20=		• 7		9=		OR	X\$18=	٠.
INDEPENDENT CLAIMS			1100 1200	minus 3 =	1		X4:	}=		OR	X86≈	
MULTIPLE DEPENDENT CLAIM P			PRESENT				414	5=		OR	+290=	
- 11	the difference	in column 1	is less than	zero. ente	r "O" in c	olumn 2 ·	101			ÓЯ	TOTAL	
		L ái me as	AMEND				SM.	îri 1	ÉNTITY	- °óñ	OTHER SNALL	THAN ENTITY
TAT	-15-09	CLAMS REMAINING AFTER		HIGH NUM PREVI	ÆST IBER OUSLY	PRESENT EXTRA	RA	ſΕ	ADDI- TIONAI FEE		RATE	ADD TION FEE
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EN	Independent		Minus	240	3	=	X4	3=		OR	X86=	
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لــًا	FIRST PRESE	NIATIONOF						OTAL		VOR OR	TOTAL	
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		(Column CLAMS REMAININ	. ·	(Colu	ımın 2) HEST MBER	(Column 3)	ADOT	OTAL FEE	ADDI-	OR	ADOIT. FEE	ADI
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Application or Docket Number